

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/501,408

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	(4)			
2	1			
3				
4				
5				
6				
7				
8	1			
9	8			
10				
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46				
47				
48				
49				
50				
TOTAL IND.	1		1	
TOTAL DEP.	16	↓	4	↓
TOTAL CLAIMS	16		5	

TOTAL IND.	2			
TOTAL DEP.	17	↓		↓
TOTAL CLAIMS	19			